

Delaware Department of Insurance

841 Silver Lake Blvd.
Dover DE 19904

Appointment/Termination Form

Name/Mailing Address of Company	Company Contact & Telephone Number
	SIGNATURE: _____

DATE: _____

☐ Appoint ☐ Terminate

SSN	Producer Name	Insurer's EIN	Insurer's EIN	Insurer's EIN	For Cause	Office Use Only Rejected	Office Use Only Accepted

1. Entries on this form must be either **all appointments** or **all terminations**. Appointment requests must be submitted in **Duplicate**.
2. Fee of \$25 **per company appointment**.
3. The Insurer's EIN (IRS number) must be included.
4. The "For Cause" column should be marked only if the termination is "for cause". A termination is "for cause" when an insurer ends its relationship with a producer for one of the reasons specified in Title 18 Del. C. §1712. Written documentation must be submitted to the Insurance Department in accordance with the requirements of Title 18 Del. C. §1716(a).
5. An insurer must appoint a producer as its agent within fifteen (15) days from the date the agent contract is executed or the first insurance application is submitted by the producer to the insurance company.
6. Please include a self-addressed stamped envelope for appointment requests.
7. Applicants for limited line credit insurance producer must have completed a program of instruction from a licensed insurer for which they will sell, solicit or negotiate insurance.
8. Insurers should use due diligence in reviewing and performing background checks on licensees for appointment based on Title 18 Del. C. §1712 and U.S. Code 1033 and 1034.

(Revised 3/1/02)